

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09 778 142 FILING DATE 2-7-01
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	7					
TOTAL DEP.	12	↔	↔	↔		
TOTAL CLAIMS	19	████████	████████	████████		

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TOTAL IND.		↔	
TOTAL DEP.		↔	↔
TOTAL CLAIMS		████████	████████